

CONNECTICUT LEGAL RIGHTS PROJECT, INC.

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TESTIMONY OF JAN VANTASSEL, ESQ.  
APPROPRIATIONS COMMITTEE  
DMHAS BUDGET  
March 2, 2011

Good afternoon. My name is Jan VanTassel and I am the Executive Director of the Connecticut Legal Rights Project (CLRP). CLRP is a statewide non-profit organization that provides free legal services to low income adults with psychiatric disabilities on matters related to their treatment, recovery and civil rights. I am also the co-chair of the Keep the Promise Coalition, which was established to advocate for comprehensive community based supports and services for children and adults with mental illness. I am here today to comment on the impact that the Governor's proposed budget will have on my clients, low income adults with mental illness.

For the most part, I believe that the Governor has made sound investments in programs and services for persons with mental illness that are both desperately needed and cost-effective. To a significant extent, he has done this by directing funds to community based services and housing as an alternative to costly institutional settings through appropriations to:

- the nursing home waiver to divert or discharge persons with mental illness from these facilities (the subject of litigation)
- discretionary discharge dollars for persons leaving state psychiatric facilities (the subject of a DOJ settlement governing CVH)
- additional slots for the waiver serving persons with traumatic brain injury

There is also funding for DMHAS to provide services to the young adults who will transfer directly from DCF to DMHAS. These are generally youth who have very complex conditions, usually complicated by trauma, who require very intense and specialized services. Without these services, it is likely that the state will incur greater costs for these youth either in the health care or criminal justice setting and more likely both.

I am particularly pleased to see that Governor Malloy has continued the state's investment in supportive housing, permanent housing with support services, an evidence-based model that has been demonstrated to ...

- Reduce Medicaid expenditures for inpatient and emergency room services;
- Increase the education and employment of tenants, raising their income; and
- Contribute to higher property values in the neighborhoods where it is located

It is reasonable to expect that expanded investments in supportive housing and discretionary discharge dollars can help prevent gridlock in the mental health systems and control the demand for expensive inpatient services.

There are, however, elements of the Governor's proposed budget that I believe do not make good sense.

The first is the proposal to provide an alternative benefit plan to low income adults on Medicaid (LIA). To me, it is far more logical to maintain a uniform Medicaid benefit plan and impose the same asset limit on the LIA eligibility group that is applied to other Medicaid applicants. Creating a two-tiered benefit system is confusing and inequitable.

Second, CLRP strongly opposes the imposition of Medicaid co-payments on prescriptions and services, which is in the DSS budget to be heard on Friday. Studies have repeatedly found that such co-payments simply shift costs from one line item to another, because beneficiaries forego prescriptions and services. As a result, they ultimately utilize more expensive services when their condition has gotten worse, they must seek care and they are more costly to treat. Despite the Governor's cap on the amount of the co-pays, I am not aware that it has an effect on these outcomes. For persons with psychiatric disabilities who are on numerous medications for their mental illness, as well as other medications to treat related medical conditions such as high blood pressure, obesity and diabetes, the co-payments represent a serious threat to their health and well-being. In fact, it is likely that providers will be inclined to cover the co-payment themselves, simply substituting the expenditure in the DSS budget to one in the DMHAS budget. They may sound reasonable, but I urge you to resist the temptation to impose co-payments. They are harmful to Medicaid beneficiaries and taxpayers.

Thank you.